

SURGERY / SPECIAL PROCEDURE - ATTESTATION to NUMBER of PROCEDURES
(Complete Separate Form for Each Procedure for Which Privileges Are Requested)

Pursuant to N.J.A.C.13:35-4A.12(c)1, by my signature below, I _____ (Name)
certify that, in the two years immediately preceding the date of this application, I
performed _____ (number) of _____ (type) _____ procedures, with
acceptable results for patients of all age groups of patients within my practice, for which
privileges are requested.

DATE: _____ NAME: _____
(type or print)

SIGNATURE: _____

Attachment 1

Licensee Name: _____ License Number: _____